

PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE
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7590 08/19/2004

SAWYER & ASSOCIATES
P O BOX 51418
PALO ALTO, CA 94303

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01 FC:1501 1370.00 DA
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(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09477767 | 01/04/2000 | DANIEL EDWARD HOUSE | ST999131/149 | 9705 |

TITLE OF INVENTION: METHOD AND SYSTEM FOR GROUPING OF SYSTEMS IN HETEROGENEOUS COMPUTER NETWORK

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$0 | \$1330 | 11/19/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| NALVEN, ANDREW L | 2134 | 713-201000 |

| | | |
|--|---|--|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | <u>Sawyer Law Group LLP</u> 1 _____ 2 _____ 3 _____ |
|--|---|--|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

International Business Machines Corporation (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Armonk, New York

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0460 (IBM) (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Date) 09-23-04

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)

TRANSMITTAL FORM

Attorney Docket No.

ST9-99-131/1491P

In re the application Daniel E. HOUSE, et al

Confirmation No: 9705

Serial No: 09/477,767

Group Art Unit: 2134

Filed: January 4, 2000

Examiner: Nalven, Andrew L.

For: **METHOD AND SYSTEM FOR GROUPING OF SYSTEMS IN HETEROGENEOUS COMPUTER NETWORK**

ENCLOSURES (check all that apply)

| | | | | | |
|--------------------------|--|---|--|-------------------------------------|---|
| <input type="checkbox"/> | Amendment/Reply | <input type="checkbox"/> | Assignment and Recordation Cover Sheet | <input type="checkbox"/> | After Allowance Communication to Group |
| <input type="checkbox"/> | <input type="checkbox"/> After Final | <input checked="" type="checkbox"/> | Part B-Issue Fee Transmittal | <input type="checkbox"/> | Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> | Information disclosure statement | <input checked="" type="checkbox"/> | Letter to Draftsman | <input type="checkbox"/> | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> | <input type="checkbox"/> Form 1449 | <input checked="" type="checkbox"/> | 5 Sheets Formal Drawings | <input type="checkbox"/> | Status Letter |
| <input type="checkbox"/> | <input type="checkbox"/> (X) Copies of References | <input type="checkbox"/> | Petition | <input checked="" type="checkbox"/> | Postcard |
| <input type="checkbox"/> | Extension of Time Request * | <input type="checkbox"/> | Fee Address Indication Form | <input type="checkbox"/> | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> | Express Abandonment | <input type="checkbox"/> | Terminal Disclaimer | | |
| <input type="checkbox"/> | Certified Copy of Priority Doc | <input type="checkbox"/> | Power of Attorney and Revocation of Prior Powers | | |
| <input type="checkbox"/> | Response to Incomplete Appln | <input type="checkbox"/> | Change of Correspondence Address | | |
| <input type="checkbox"/> | Response to Missing Parts | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to . | | | |
| <input type="checkbox"/> | <input type="checkbox"/> Executed Declaration by Inventor(s) | | | | |

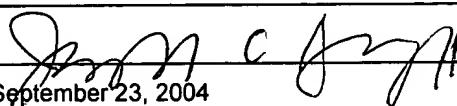
CLAIMS

| FOR | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE | FEE |
|--------------------|----------------------------------|---|--------------|------------|---------|
| Total Claims | 0 | 0 | 0 | \$18.00 | \$ 0.00 |
| Independent Claims | 0 | 0 | 0 | \$86.00 | \$ 0.00 |
| | | | | Total Fees | \$ 0.00 |

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|---------------|---|
| Attorney Name | Joseph A. Sawyer, Jr., Reg. No: 30,801 |
| Signature |  |
| Date | September 23, 2004 |